

2015 STUDY OF THE UNITED STATES INSTITUTES FOR SECONDARY SCHOOL EDUCATORS Teachers/Administrators

APPLICATION DEADLINE: December 12, 2014

Only computerized (NOT HAND-WRITTEN) form will be accepted.

On-line applications must be submitted to RangoonUSECA@state.gov (OR)

Hard copies must be sent to Cultural Affairs Unit, Public Affairs Section U.S. Embassy, 110 University Avenue, Kamayut Township, Yangon

A. Title of Institute: Please choose one (JUST ONE) of the following institutes to apply for: 1. Study of the U.S. Institutes for Secondary School Educators - Teacher () 2. Study of the U.S. Institutes for Secondary School Educators - Administrator ()
B. Full Name: Your name should match your passport. Prefix (Dr., Mr., Mrs., Ms., Miss, Daw, U): (Please only include a prefix if this prefix is also written in your passport.)
Last Name(s): First Name: Middle Name:
C. Gender: Male: Female:
<u>D. Date of Birth</u> (please spell out Month, Day, Year):
E. Birth City:
F. Birth Country:
G. Citizenship:
H. Country of Residence:
I. Medical, Physical, Dietary or other Personal Considerations:
Disability:
Please describe any pre-existing medical conditions, including any prescription medication you maybe taking, or other dietary or personal considerations.
This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.
J. Candidate Contact Information:
Home Address (No., Street, Quarter/Block, Tsp.):
City:
State/Division:
Postal Code:
Home Country: E-mail:
Telephone:
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Cell Phone:

K.	Current	Position	, Title,	, Institution:
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Primary Position Type:

For "Position Type," please select the most suitable one from among the following:

- 1) Public Secondary School Teacher
- 2) Teacher trainer
- 3) Private Secondary School Teacher
- 4) Textbook Writer
- 5) National Curriculum/Exam
- 6) Other

Title:	
Organization:	
Country:	

L. Work Experience, including previous positions and titles

Name of your Institution/ Organization	Title (Designation)	Job Responsibilities	From mm/dd/yyyy	To mm/dd/yyyy

M. Education, Academic and Professional Training:

Please list all earned degrees and any and all current teacher qualifications you have such as certificates, licensures beginning with the most recent.

Name of Degree(s)/Dip(s)	University(ies)	Specialization(s)	When you earned mm/dd/yyyy	When you expect to earn mm/dd/yyyy

Additional Professional Training

Name(s)/Types of Training	Where or from whom did you get the training(s)?	When did you get the training?

N. Active Professional Memberships:

(Active Professional Memberships **independent** of current professional responsibilities. These should **not include** university committee work or other professional duties directly related to current employment.)

Please tick in the most suitable position type to describe the level (title) of your involvement with the organizations you mention.

Position Type `	Title	Organization
1)President, Board Chairperson, Director () 2) Board Member() 3)Editorial Staff, Officer() 4)Contributing Member() 5)Member()		
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<u>O. Publications</u>: Publications should include the publication year, type of publication (tick the most suitable one from among the following options), title, and publisher. All foreign titles should be translated into English. (Maximum 10 publications)

Publication Type	Month/day/year	Title Publisher
Book ()		
Edited volume (primary/co-editor) ()		
Book Chapter ()		
Journal Article ()		
Newspaper/Online Article ()		
Conference/University/Gov't working paper ()		

Book Chapt Journal Arti Newspaper Conference Book () Edited volu Book Chapt Journal Arti Newspaper	cle () /Online Article () /University/Gov't w me (primary/co-edit er () cle () /Online Article ()	vorking paper () tor) ()				
	/University/Gov't w	ns for a U.S. Visa a	nd Previous Trave	l to the	United Sta	tes:
Have yo If yes, pl Year you Reason(Did you	u applied for a ease answer tl applied for a s) you applied get the visa? Y	U.S. visa before? Yohe following questivisa: for a visa:	/es () ons: No ()	No	o()	
Please li		have made to the	United States and	include	approximat	te dates and the reason
Type of		ne)	From mm/dd/yyyy	To mm/	/dd/yyyy	Purpose of your trip
Type of some (Select reference of Earned Foundation	your trip nost suitable o	() () m Travel ()				
Type of (Select notes of Select notes of Selec	your trip nost suitable o Ph.D () M.A./M.S. () B.A./B.S. () rnment grant (gree Program onal Short Teri anguage Train	() () m Travel () ning ()	mm/dd/yyyy	mm/	/dd/yyyy	
Type of (Select notes of Select notes of Selec	your trip nost suitable o Ph.D () M.A./M.S. () B.A./B.S. () rnment grant (gree Program onal Short Teri anguage Train	m Travel () ning ()	Please list any imn	mm/	/dd/yyyy	Purpose of your trip

R. Evidence of English Fluency:

If you have a TOEFL®, ITP, or other standardized English test score, please report it below. Also please include a copy of the official score report or other documentation authenticating the score.

Test Name	Date taken or to be taken	Score
TOEFL®		
ITP		
OTHER		

S. Professional Responsibilities:

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. Curriculum design), and/or other pertinent information.					

Current Courses Taught:

Course	Level	Number	Number of	% of US
title	of students	of hours per	students	studies
		semester		content
	Ph.D			
	Masters			
	Post Secondary Level			
	(Undergraduates)			
	High School			
	Middle School			
	Primary School			

Current Extra-Curricular/Co-Curricular Activities Leadership

Activity	Position/Title	From	То	Description of Duties

Other Potential Outcomes- Please select any likely potential professional outcomes of this program.

1) Update Existing Course ()
2) Create New Course ()
3) Create New Degree Program ()
4) School Curriculum Redesign ()
5) National Curriculum Redesign ()
6) New Research Project ()
7) New Publication ()
8) Professional Promotion ()
9) Government or Ministry Policy ()
10) New Professional Organization ()
11) New Institutional Linkages ()
12) Raise Institutional Profile ()

T. Personal Essay (250 word limit)

Please discuss why you wish to participate in the program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the "Other Potential Outcomes" you have checked above.

CHECKLIST FOR COMPLETE APPLICATION DOSSIER:

Before submitting your application to the mail and e-mail address on the front page, please be sure
you have included all of the following REQUIRED components:
Completed application form
One personal essay
copy of your academic transcripts

___Scanned copies of two letters of recommendation (or) the recommenders can directly email their recommendation letters to us

PLEASE NOTE that incomplete applications will not be considered for this program!